

## 2013-2014 FEDERAL POVERTY LEVEL CHART FOR PRESUMPTIVE ELIGIBILITY (PE) AND INSTRUCTIONS

Federal Poverty Level Chart – Effective January 1, 2014 through March 31, 2014

Number of Persons In The Family	213 Percent Monthly Income	213 Percent Annual Income
2	\$ 2,754	\$ 33,037
3	\$ 3,467	\$ 41,599
4	\$ 4,181	\$ 50,162
5	\$ 4,894	\$ 58,725
6	\$ 5,608	\$ 67,287
7	\$ 6,321	\$ 75,850
8	\$ 7,035	\$ 84,412
9	\$ 7,748	\$ 92,975
10	\$ 8,462	\$101,538
For each additional family member add:	\$ 714	<b>\$8,563</b>

### INSTRUCTIONS TO DETERMINE IF APPLICANT QUALIFIES FOR PE SERVICES

Remember: the unborn child is counted as a member of the family.

1. Find the PE applicant's total family income and family size as it is stated on the Provider Use Only section of the MC 263 PREMED 1 - Application for Presumptive Eligibility Only.
2. Compare the applicant's income and family size to the 2013 - 2014 Federal Poverty Level Chart above.

### EXAMPLES

- A. A pregnant woman who lives alone requests PE services. Her monthly income is \$2,400. The mother and her unborn child would be counted as a two-person (2) family household. Comparing her income of \$2,400 to the chart's income for a family size of two (\$2,754), she would qualify for PE services.
- B. A pregnant woman with two children requests PE services. Her annual income is \$51,000. The mother, her unborn child, and her two children would be counted as a four-person (4) family household. Comparing her annual income of \$51,000 to the chart's annual income for a family of four (\$50,162), she would not qualify for PE services. The provider should help the patient complete a Medi-Cal application, and encourage her to submit the application to her local county social services office.

If you have questions regarding this chart or the program, contact the PE Support, Department of Health Care Services, 1501 Capitol Avenue, Bldg 171, MS 4607, Sacramento, CA 95814, [PE@dhcs.ca.gov](mailto:PE@dhcs.ca.gov), 1-800-824-0088, Fax 1-916-440-5666.